

APPENDIX

St. Margaret of Cortona School

Parent Signature Page – Return Due Date: September 23, 2022

We have received a copy of the school handbook and have read it.

(Parent's signature)

(Parent's signature)

(Grade 2 and above Student's signature)

(Grade 2 and above Student's signature)

(Grade 2 and above Student's signature)

(Grade 2 and above Student's signature)

(Grade 2 and above Student's signature)

(Grade 2 and above Student's signature)

Media Authorization Form

(This form is not required to be returned if it was completed as part of an online application process.)

I hereby consent to the taking of photographs, movies, videos, and images capable of reproduction in any medium of me or my children or children of whom I am the designated guardian

Names of Children, Parent or Guardian

by the Department of Education, Archdiocese of New York and/or the Catholic School Region and their parents, affiliates, trustees, directors, members, officers, employees, volunteers, agents and contractors (the "School").

I hereby grant to School the right to edit, reproduce, use and reuse images for any and all purposes including, but not limited to, advertising, promotion and display, and I hereby consent to the editing, reproduction, use and re-use of said images in any and all media in existence and all media yet in existence including, but not limited to, video, print, television, internet, and podcasts.

I forever grant, assign, and transfer to School any right, title and interest that I and/or my child/children may have in any images, including negatives, taken of me and/or my children by School. I hereby agree to release, indemnify and hold harmless School from any and all claims, demands, actions or causes of actions, loss, liability, damage or cost arising from this authorization.

Print Name

Name(s) of Child/Children [if applicable]

Signature

Signature of Parent or Guardian

Date

SIGNED Form Due by September 23, 2022

**Technology Use/Telecommunications Policy
Agreement for 2022-23 School Year
for St. Margaret of Cortona School
adapted from NCEA's From the Chalkboard to the Chatroom . . . 1997**

Return by September 23, 2022

User

I understand and agree to abide by the Telecommunications Policy/Student Expectations in the Use of the Internet agreement. I further understand that any violation of these regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be taken.

User's name (please print): _____

User Signature: _____ Date: _____

Parent/Guardian

As the parent of this student, I have read the technology use agreement. I understand that this access is designed for educational purposes. I am aware that it is impossible for the school to restrict access to all controversial materials and I will not hold them responsible for materials acquired in use. Further, I accept full responsibility for supervision if and when my child's use of school's technology resources is not in a school setting. I hereby give permission for my child to use the school's technology resources and certify that I have reviewed this information with my child.

Parent's or guardian's name (please print): _____

Parent/Guardian Signature: _____ Date: _____

St. Margaret of Cortona School

Absent Note

STUDENT'S NAME _____

STUDENT'S CLASS _____

DATE(S) OF ABSENCE _____

REASON FOR ABSENCE _____

Doctor's note is attached. Yes _____ No _____

Textbook/Software/Hardware Request Form

St. Margaret of Cortona School

452 West 260th Street

Bronx, NY. 10471

NEW YORK STATE TEXTBOOK LAW (NYSTL),

SOFTWARE LAW (NYSSL),

LIBRARY LAW (NYSLIB),

AND COMPUTER HARDWARE (NYS CH)

PARENTAL REQUEST FORM FOR SCHOOL YEAR 2022-23

I hereby authorize the school to obtain state-loaned textbooks, software, library materials, and computer

hardware for my child _____ who is in grade _____ pursuant to the
New

York State Textbook, Software, Library, and Computer Hardware Laws.

Signature of Parent or Guardian

Address

Date

Title I Participation Notice

Dear Parent/Guardian(s):

Your child may be eligible to participate in the New York City Department of Education's Office of Nonpublic Schools Title I Program for the 2022-2023 school year, a federal program that provides supplemental educational services to eligible students at no cost to you, the parent/guardian(s). The Title I program is designed to enable all students to obtain a high quality education. Your child's school is working with a third-party vendor to provide the supplemental educational services.

Your child may be enrolled in one or more of the Title I programs listed below

- | | |
|----------------------------------|---------------------------------|
| 1. Literacy Instruction Services | 2. Mentoring Services |
| 3. Math Instruction Services | 4. Tutoring Services |
| 5. Distance Learning Services | 6. Academic Counseling Services |

Additional services not listed above as determined in consultation with the Superintendent of Schools Office, Regional Superintendent and Principal.

Title I Literacy Instruction Services: Your child will receive direct instruction aimed at improving literacy skills, including but not limited to, comprehension, fluency, and writing across content areas. This service is provided in a separate location from their regularly scheduled class, other than English Language Arts, during the school day.

Title I Math Instruction Services: Your child will receive direct instruction aimed at improving math concepts and skills. This service is provided in a separate location from their regularly scheduled class, other than Math, during the school day.

Title I Mentoring Services: Your child will receive support aimed at improving academic skills, including but not limited to, communication and organizational skills. This service is provided before and after school or during non-core instructional periods.

Title I Tutoring Services: Your child will receive support aimed at improving student learning across a variety of subjects. This service is provided before and after school or during non-core instructional periods.

Title I Distance Learning Services: Your child will receive online and direct instruction aimed at improving math/literacy concepts and skills. This service is provided through a web-based computer platform before school, after school or during non-instructional periods.

Title I Academic Counseling Services: Your child will receive academic counseling supports during the school day to assist with mitigating any barriers to learning. This service is provided in a separate location from their regularly scheduled instructional periods.

Parent/Guardian(s) may be invited to attend a parent orientation meeting to further explain the Title I-funded Program. You may also be invited to attend additional workshops to assist you in supporting your child at home.

Data Privacy Consent Form for St. Margaret of Cortona School

St. Margaret of Cortona puts premium value to the privacy and security of personal data entrusted by its students and parents for legitimate purposes in connection with the Technology Use/Telecommunications Policy and any hardware and software used in connection therewith.

When we speak of “personal data”, the term includes the concepts of personal information, sensitive personal information, and privileged information. The first two are typically used to distinctively identify you.

Processing of Personal Data

A. Collection of Information. We collect your personal data that you provide to us during your application for admission, information we acquire or generate upon enrollment, and during the course of your education with us in order to carry out the purposes associated with our Technology Use/Telecommunications Policy.

1. Information you provide us during your application for admission. Upon application for admission, we collect information about personal circumstances and contact information, including, but not limited to, name, address, email address, telephone number and other contact details, family history, previous schools attended, academic performance, disciplinary record, medical record, etc.
2. Information we acquire or generate upon enrollment and during the course of your education with us. Upon enrollment and during the course of your education with us, we collect information on your academic or curricular undertakings, the classes you enroll in and scholastic performance, attendance record, medical record, etc. We will also collect information for and in relation to co- curricular matters, such as outreach activities, as well as extra-curricular activities, such as membership in student organizations, leadership positions and participation and attendance in seminars, competitions and programs. We will also collect information in connection with any disciplinary incident, including accompanying sanctions that you may be involved in. We will also collect information in connection with your use of hardware and software provided to you during the course of your education with us, including, but not limited to, address, telephone number, email address, other unique identifier, passwords or PINs, and account credentials (e.g., username and password).

B. Access to Information. Your personal information is accessed and used by us. We use and share your information as permitted or required by law to pursue our legitimate interests as an educational institution, including a variety of academic, administrative, historical, and statistical purposes. Some examples of situations when we may use your information to pursue our legitimate interests as an educational institution are as follows:

1. evaluating applications for admission;
2. processing confirmation of incoming students and transfer students in preparation for enrollment;

3. recording, generating and maintaining student records of academic, co-curricular and extra-curricular progress;
4. establishing and maintaining student information systems;
5. maintaining directories and records;
6. compiling and generating reports for statistical and research purposes;
7. providing services such as health, counseling, information technology, library, sports/recreation, transportation, safety and security;
8. managing and controlling access to campus facilities and equipment;
9. communicating official school announcements; sharing marketing and promotional materials regarding school-related functions, events, projects and activities; and
10. soliciting your participation in research and non-commercial surveys.

C. Sharing of Information. Some examples of when we may share or disclose your personal information to others include:

1. sharing of information to persons, including parents, guardians or next of kin, as required by law or on a need-to-know basis as determined by the school to promote your best interests, or protect your health, safety and security, or that of others;
2. providing academic institutions, companies, government agencies, private or public corporations, or the like, upon their request, with scholastic ranking information or certification of good moral character for purposes of admission;
3. reporting and/or disclosing information to government bodies or agencies (e.g., Commission on Higher Education, Department of Education); and
4. conducting research or surveys for purposes of institutional development; and
5. sharing of information to various third party vendors who provide services associated with our Technology Use/Telecommunications Policy and any hardware and software used in connection therewith.

Data Protection

We shall implement reasonable and appropriate organizational, physical, and technical security measures for the protection of personal data which we collected. The security measures shall aim to maintain the availability, integrity, and confidentiality of personal data and are intended for the protection of personal data against any accidental or unlawful destruction, alteration, and disclosure, as well as against any other unlawful processing. We only permit your data to be accessed or processed by authorized personnel who hold such information under strict confidentiality, including all third-party vendors.

Any data security incident or breach that comes to the knowledge of us will be recorded and reported as required by law. We will take all necessary and reasonable steps to address such incident or breach and mitigate any negative effect of such incident or breach. If there is strong suspicion that an incident affects your personal information, we will notify you of such incident in an appropriate manner.

Consent

I have read this form, understood its contents and consent to (a) the collection, use, processing and transfer by St. Margaret of Cortona School of certain personal information about you (the “Data”); (b) any transfer of Data by any such authorized person for the purposes of implementing, administering and managing the purposes outlined above; (c) the use of such Data by any such authorized person for such purposes; and (d) the transfer to and retention of such Data by third parties in connection with such purposes. I further agree and acknowledge that while St. Margaret of Cortona School has taken all necessary and reasonable steps to ensure that all third parties protect such Data, St. Margaret of Cortona School has no control over how the third party will use or disseminate my information. I agree to release and hold harmless St. Margaret of Cortona School, its representatives, officers, employees, contractors, agents, and assignees, from any and all claims of action or damages of any kind arising from, or in any way connected to, the release or use of any information or records by any third party pursuant to this form and as allowed by all applicable laws.

Complete Name of Student/Child/Ward: _____

Signature of Student: _____

Date: _____

If below 18 years old,

As the parent of this student, I have read the data privacy consent form, understood its contents and provide consent to use the personal information collected as outlined and in accordance with this form. I hereby give permission to use the personal information collected as outlined and in accordance with this form and certify that I have reviewed this information with my child.

Parent’s or guardian’s name (please print): _____

Parent/Guardian Signature: _____

Date: _____



New York State Center for School Health
Supporting Student Success Through Health and Education



NYS and NYC Screening & Health Exam Requirements														
	New Entrant	Pre K or K*	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
HEARING SCREENING:														
Pure Tone	X	X	X		X		X		X				X	
SCOLIOSIS SCREENING														
Boys											X			
Girls							X		X					
VISION SCREENING														
Color Perception	X													
	X													
Fusion		X	X											
Near Vision	X	X	X		X		X		X				X	
	X	X	X		X		X							
Distance Acuity	X	X	X		X		X		X				X	
	X	X	X		X		X							
Hyperopia	X													

*Determine if your Kindergarten or Pre K students are your district's new entrants.

Health Examination Overview														
	New Entrant	Pre K or K	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Health Examination**	X	X	X		X		X		X		X		X	
	X													
Dental Certificate	X	X	X		X		X		X		X		X	

**Health Examinations may be either a Health Appraisal (health exam performed by the School Medical Director) or Health Certificate (health exam performed by the student's primary medical provider). They must be dated no more than 12 months prior to the start of the school year in which they are required, or the date of entrance to the school for new entrants.

This sample resource was created by the New York State Center for School Health and is located at www.schoolhealthny.com
in the Laws | Guidelines | Memos - Effective July 2018

2022-23 School Year

New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:

Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for **each** vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td) ²	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older	3 doses	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap) ³		Not applicable	1 dose	
Polio vaccine (IPV/OPV) ⁴	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older		
Measles, Mumps and Rubella vaccine (MMR) ⁵	1 dose	2 doses		
Hepatitis B vaccine ⁶	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years		
Varicella (Chickenpox) vaccine ⁷	1 dose	2 doses		
Meningococcal conjugate vaccine (MenACWY) ⁸		Not applicable	Grades 7, 8, 9, 10 and 11: 1 dose	2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus Influenzae type b conjugate vaccine (Hib) ⁹	1 to 4 doses	Not applicable		
Pneumococcal Conjugate vaccine (PCV) ¹⁰	1 to 4 doses	Not applicable		

1. Demonstrated serologic evidence of measles, mumps or rubella antibodies or laboratory confirmation of these diseases is acceptable proof of immunity to these diseases. Serologic tests for polio are acceptable proof of immunity only if the test was performed before September 1, 2019 and all three serotypes were positive. A positive blood test for hepatitis B surface antibody is acceptable proof of immunity to hepatitis B. Demonstrated serologic evidence of varicella antibodies, laboratory confirmation of varicella disease or diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.
2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
 - b. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.
 - c. For children born before 1/1/2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.
 - d. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td or Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older.
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6, 7 and 8: 10 years; minimum age for grades 9 through 12: 7 years)
 - a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
 - b. In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2022-2023, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6, 7 and 8; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 9 through 12.
 - c. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.
4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
 - b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
 - c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
 - d. For children with a record of OPV, only trivalent OPV (TOPV) counts toward NYS school polio vaccine requirements. Doses of OPV given before April 1, 2016 should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016 should not be counted.
5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
 - a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. Measles: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
 - c. Mumps: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
 - d. Rubella: At least one dose is required for all grades (prekindergarten through 12).
6. Hepatitis B vaccine
 - a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks (when 4 doses are given, substitute "dose 4" for "dose 3" in these calculations).
 - b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.
7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
 - a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.
8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grades 7, 8 and 9: 10 years; minimum age for grades 10 through 12: 6 weeks)
 - a. One dose of meningococcal conjugate vaccine (Menactra, Menveo or MenQuadfi) is required for students entering grades 7, 8, 9, 10 and 11.
 - b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
 - c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.
9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
 - b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
 - c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
 - d. If dose 1 was received at 15 months or older, only 1 dose is required.
 - e. Hib vaccine is not required for children 5 years or older.
10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
 - b. Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
 - c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
 - d. If one dose of vaccine was received at 24 months or older, no further doses are required.
 - e. PCV is not required for children 5 years or older.
 - f. For further information, refer to the PCV chart available in the School Survey Instruction Booklet at: www.health.ny.gov/prevention/immunization/schools

For further information, contact:

New York State Department of Health
Bureau of Immunization
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437

New York City Department of Health and Mental Hygiene
Program Support Unit, Bureau of Immunization,
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433

New York State Department of Health, Bureau of Immunization
health.ny.gov/prevention/immunization

Año escolar 2022-2023

Requisitos de vacunación del estado de Nueva York para inscribirse/asistir a la escuela¹

NOTAS:

Los niños que están en prekindergarten deben tener las vacunas correspondientes a su edad. La cantidad de dosis depende del programa recomendado por el Comité Asesor sobre Prácticas de Vacunación (Advisory Committee on Immunization Practices, ACIP). Los intervalos entre las dosis de vacunas deben corresponder al programa de vacunación recomendado por el ACIP para personas de 0 a 18 años. Las dosis aplicadas antes de la edad mínima o de los intervalos mínimos no son válidas y no se tienen en cuenta al calcular la cantidad de dosis que se mencionan abajo. Consulte las notas al pie de página para obtener información específica sobre cada vacuna. Los niños que se inscriben en clases sin grado deben cumplir los requisitos de vacunación de los grados para los que son equivalentes en edad.

Se DEBEN leer los requisitos de dosis con las notas al pie de página de este programa

Vacunas	Prekindergarten (guardería infantil, programa Head Start, guardería o pre-K)	Kindergarten y 1.º, 2.º, 3.º, 4.º y 5.º grado	6.º, 7.º, 8.º, 9.º, 10.º y 11.º grado	12.º grado
Vacuna con toxoide diftérico y tetánico y vacuna contra la tos ferina (DTaP/DTP/Tdap/Td) ²	4 dosis	5 dosis o 4 dosis si la cuarta dosis se aplicó a los 4 años de edad o más, o 3 dosis si tiene 7 años o más y la serie se inició a partir del año	3 dosis	
Refuerzo de la vacuna con toxoide diftérico y tetánico y la vacuna contra la tos ferina (Tdap) para adolescentes ³		No corresponde	1 dosis	
Vacuna antipoliomielítica (IPV/OPV) ⁴	3 dosis	4 dosis o 3 dosis si la tercera dosis se aplicó a los 4 años de edad o más		
Vacuna contra sarampión, paperas y rubéola (MMR) ⁵	1 dosis	2 dosis		
Vacuna contra la hepatitis B ⁶	3 dosis	3 dosis o 2 dosis de la vacuna contra la hepatitis B para adultos (Recombivax) para niños que recibieron las dosis en intervalos de al menos 4 meses entre los 11 y los 15 años de edad		
Vacuna contra la varicela ⁷	1 dosis	2 dosis		
Vacuna antimeningocócica conjugada (MenACWY) ⁸		No corresponde	7.º, 8.º, 9.º, 10.º y 11.º grado: 1 dosis	2 dosis o 1 dosis si la dosis se aplicó a los 16 años de edad o más
Vacuna conjugada contra Haemophilus influenzae tipo B (Hib) ⁹	1 a 4 dosis	No corresponde		
Vacuna neumocócica conjugada (PCV) ¹⁰	1 a 4 dosis	No corresponde		

1. Una constancia serológica demostrada de anticuerpos contra el sarampión, las paperas o la rubéola o una confirmación de laboratorio de dichas enfermedades son pruebas aceptables de la inmunidad ante estas. Las pruebas serológicas para la poliomielitis son una prueba aceptable de la inmunidad solo si la prueba se hizo antes del 1 de septiembre de 2015 y los tres serotipos dieron positivo. Un análisis de sangre con resultado positivo para el anticuerpo de superficie contra la hepatitis B es una prueba aceptable de la inmunidad ante la hepatitis B. Una constancia serológica demostrada de anticuerpos contra la varicela, una confirmación de laboratorio de varicela o el diagnóstico de un médico, un asistente médico o un enfermero de práctica avanzada de que un niño tuvo varicela son pruebas aceptables de la inmunidad ante la varicela.
2. Vacuna con toxoide diftérico y tetánico y tos ferina acelular (DTaP). (Edad mínima: 6 semanas)
 - a. Los niños que comienzan la serie a tiempo deben recibir una serie de 5 dosis de la vacuna DTaP a los 2 meses, 4 meses, 6 meses y entre los 15 y 18 meses de edad y a los 4 años de edad o más. La cuarta dosis puede aplicarse a partir de los 12 meses de edad, siempre que hayan transcurrido por lo menos 6 meses desde la tercera dosis. Sin embargo, no es necesario que se repita la cuarta dosis de DTaP si se aplicó al menor 4 meses después de la tercera dosis de DTaP. La última dosis de la serie debe aplicarse a partir del cuarto año de edad y al menos 6 meses después de la dosis anterior.
 - b. Si la cuarta dosis de DTaP se aplicó a los 4 años de edad o más, y al menos 6 meses después de la tercera dosis, no se requiere la quinta dosis (de refuerzo) de la vacuna DTaP.
 - c. Para los niños nacidos antes del 1/1/2005, solo se requiere inmunidad a la difteria y los dosis de DT y Td pueden cumplir este requisito.
 - d. Los niños mayores de 7 años que no estén completamente vacunados con la serie de vacunas DTaP para niños deben recibir la vacuna Tdap como primera dosis de la serie de actualización; si se necesitan dosis adicionales, use la vacuna Td o Tdap. Si les aplicaron la primera dosis antes de su primer año de edad, deben aplicarse 4 dosis, siempre que la dosis final se aplique a los 4 años de edad o más. Si les aplicaron la primera dosis a partir de su primer año de edad, deben aplicarse 3 dosis, siempre que la dosis final se aplique a los 4 años o más.
3. Refuerzo de la vacuna con toxoides tetánico y diftérico y de la vacuna contra la tos ferina acelular (Tdap) para adolescentes. (Edad mínima para 6.^o, 7.^o y 8.^o grado: 10 años; edad mínima para 9.^o a 12.^o grado: 7 años)
 - a. Los estudiantes mayores de 11 años que ingresan a los grados de 6.^o a 12.^o deben recibir una dosis de Tdap.
 - b. Además del requisito para 6.^o a 12.^o grado, la vacuna Tdap también se puede aplicar como parte de la serie de vacunas de actualización para estudiantes mayores de 7 años que no estén totalmente vacunados con la serie de vacunas DTaP para niños, como se describió arriba. En el año escolar 2022-2023, solo las dosis de Tdap aplicadas a los 10 años o más cumplirán el requisito de Tdap para los estudiantes en los grados 6.^o, 7.^o y 8.^o; sin embargo, las dosis de Tdap aplicadas a los 7 años o más cumplirán el requisito para los estudiantes en los grados 9.^o a 12.^o.
 - c. Los estudiantes que tienen 10 años de edad en 6.^o grado y que aún no recibieron la vacuna Tdap cumplen los requisitos hasta que tengan 11 años.
4. Vacuna antipoliomielítica inactivada (IPV) o vacuna antipoliomielítica oral (OPV). (Edad mínima: 6 semanas)
 - a. Los niños que comienzan la serie a tiempo deben recibir una serie de IPV a los 2 meses, 4 meses y entre los 6 y 18 meses de edad, y a los 4 años de edad o más. La última dosis de la serie debe aplicarse a partir del cuarto año de edad y al menos 6 meses después de la dosis anterior.
 - b. Para los estudiantes que recibieron la cuarta dosis antes de su cuarto año de edad y antes del 7 de agosto de 2010, es suficiente aplicar 4 dosis con al menos 4 semanas de diferencia.
 - c. Si la tercera dosis de la vacuna antipoliomielítica se aplicó a los 4 años de edad o más y por lo menos 6 meses después de la dosis anterior, no se requerirá la cuarta dosis.
 - d. Para los niños con antecedentes de OPV, solo la OPV trivalente (tOPV) se tiene en cuenta para los requisitos de la vacuna antipoliomielítica en las escuelas del Estado de Nueva York. Las dosis de OPV aplicadas antes del 1 de abril de 2016 deben incluirse a menos que se indiquen específicamente como monovalentes, bivalentes o como aplicadas durante una campaña de vacunación contra el virus de la poliomielitis. Las dosis de OPV aplicadas a partir del 1 de abril de 2016 no deben incluirse.
5. Vacuna contra sarampión, paperas y rubéola (MMR). (Edad mínima: 12 meses)
 - a. La primera dosis de la vacuna MMR debe haberse aplicado a partir del primer año de edad. Para considerarse válida, la segunda dosis debe haberse aplicado al menos 28 días (4 semanas) después de la primera dosis.
 - b. Sarampión: Se necesita una dosis para prekindergarten. Se necesitan dos dosis para los grados de kindergarten hasta 12.^o.
 - c. Paperas: Se necesita una dosis para prekindergarten. Se necesitan dos dosis para los grados de kindergarten hasta 12.^o.
 - d. Rubéola: Se necesita por lo menos una dosis para todos los grados (prekindergarten hasta 12.^o grado).
6. Vacuna contra la hepatitis B
 - a. La primera dosis puede aplicarse al nacer o en cualquier momento después. La segunda dosis debe aplicarse al menos 4 semanas (28 días) después de la primera dosis. La tercera dosis debe aplicarse al menos 8 semanas después de la segunda dosis y al menos 16 semanas después de la primera dosis, PERO no antes de las 24 semanas (cuando se apliquen 4 dosis, reemplazar "cuarta dosis" por "tercera dosis" en estos cálculos).
 - b. Dos dosis de la vacuna contra la hepatitis B para adultos (Recombinax) aplicadas con al menos 4 semanas de diferencia entre los 11 y 15 años cumplirán el requisito.
7. Vacuna contra la varicela. (Edad mínima: 12 meses)
 - a. La primera dosis de la vacuna contra la varicela debe haberse aplicado a partir del primer año. Para considerarse válida, la segunda dosis debe haberse aplicado al menos 28 días (4 semanas) después de la primera dosis.
 - b. Para los niños menores de 13 años, el intervalo mínimo recomendado entre dosis es de 3 meses (si la segunda dosis se aplicó por lo menos 4 semanas después de la primera dosis, se puede aceptar como válida); para los mayores de 13 años, el intervalo mínimo es de 4 semanas.
8. Vacuna antimeningocócica conjugada ACWY (MenACWY). (Edad mínima para 7.^o, 8.^o y 9.^o grado: 10 años; edad mínima para 10.^o a 12.^o grado: 6 semanas)
 - a. Se requiere una dosis de la vacuna antimeningocócica conjugada (Menactra, Menveo o MenQuadfi) para los estudiantes que ingresan a los grados 7.^o, 8.^o, 9.^o, 10.^o y 11.^o.
 - b. Para los estudiantes del 12.^o grado, si la primera dosis de la vacuna antimeningocócica conjugada se aplicó a los 16 años o más, no se requieren la segunda dosis (de refuerzo).
 - c. La segunda dosis debe haberse aplicado a los 16 años o más. El intervalo mínimo entre dosis es de 8 semanas.
9. Vacuna conjugada contra *Haemophilus influenzae* tipo b (Hib). (Edad mínima: 6 semanas)
 - a. Los niños que comienzan la serie a tiempo deben recibir la vacuna Hib a los 2 meses, 4 meses, 6 meses y entre los 12 y 15 meses de edad. Los niños mayores de 15 meses deben ponerse al día según el programa de actualización del ACIP. La dosis final debe aplicarse a partir de los 12 meses.
 - b. Si se aplicaron 2 dosis de vacuna antes de los 12 meses de edad, solo se requieren 3 dosis si la tercera dosis se aplica entre los 12 y 15 meses de edad y al menos 8 semanas después de la segunda dosis.
 - c. Si la primera dosis se recibió entre los 12 y 14 meses de edad, solo se requieren 2 dosis si la segunda dosis se aplicó al menos 8 semanas después de la primera dosis.
 - d. Si se aplicó la primera dosis a los 15 meses de edad o más, solo se requiere 1 dosis.
 - e. No se requiere la vacuna Hib para niños mayores de 5 años.
10. Vacuna neumocócica conjugada (PCV). (Edad mínima: 6 semanas)
 - a. Los niños que comienzan la serie a tiempo deben recibir la vacuna PCV a los 2 meses, 4 meses, 6 meses y entre los 12 y 15 meses de edad. Los niños mayores de 15 meses deben ponerse al día según el programa de actualización del ACIP. La dosis final debe aplicarse a partir de los 12 meses.
 - b. Los niños no vacunados de 7 a 11 meses de edad deben recibir 2 dosis, con al menos 4 semanas de diferencia, seguidas de una tercera dosis entre los 12 y 15 meses de edad.
 - c. Los niños no vacunados de 12 a 23 meses de edad deben recibir 2 dosis de la vacuna con al menos 8 semanas de diferencia.
 - d. Si se recibió una dosis de la vacuna a los 24 meses de edad o más, no se requieren dosis adicionales.
 - e. La PCV no es obligatoria para los niños mayores de 5 años.
 - f. Para tener más información, consulte la tabla de PCV que está en el Folleto de instrucciones para encuestas escolares, en: www.health.ny.gov/prevention/immunization/schools

Para obtener más información, comuníquese con:

New York State Department of Health
Bureau of Immunization
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437

New York City Department of Health and Mental Hygiene
Program Support Unit, Bureau of Immunization,
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433

New York State Department of Health Bureau of Immunization
health.ny.gov/prevention/immunization



Cheryl Lawrence, MD, FAAP
Medical Director

July 2022

Office of School Health
30-30 47th Avenue,
Long Island City, NY
11101

Dear Parent or Guardian,

New York City has updated the school immunization requirements for the 2022-2023 school year. A list of these requirements for 2022-2023 is included with this letter. Before the school year begins, you must submit proof of immunization for your child if they are attending childcare or school.

All students in childcare through grade 12 must meet the requirements for:

- The DTaP (diphtheria-tetanus-pertussis), poliovirus, MMR (measles-mumps-rubella), varicella and hepatitis B vaccines.

Children under age 5 who are enrolled in childcare and pre-kindergarten (pre-K) must also meet the requirements for:

- The Hib (*Haemophilus influenza* type b) and PCV (pneumococcal conjugate) vaccines.
- The influenza (flu) vaccine: children must receive the flu vaccine by December 31, 2022 (preferably, when it becomes available in early fall).

Children in grades 6 through 12 must also meet the requirements for:

- The Tdap (tetanus-diphtheria-pertussis) booster and MenACWY (meningococcal conjugate) vaccines.

Please review your child's immunization history with your child's health care provider. Their provider can tell you whether additional doses of one or more vaccines are required for your child to attend childcare or school this year. **Please note:** If your child received doses of vaccine BEFORE the minimum age (too early), those doses do NOT count toward the number of doses needed.

If you have questions about these 2022-2023 requirements, please contact your childcare center or school's administrative office.

Sincerely,

Cheryl Lawrence, MD, FAAP
Medical Director
Office of School Health

Is Your Child Ready for Child Care or School?

2022-2023 School Year

Learn about required vaccinations in New York City.

All students ages 2 months to 18 years in New York City must get the following vaccinations to go to childcare or school. Review your child's vaccine needs based on their grade level this school year. The number of vaccine doses your child needs may vary based on age and previous vaccine doses received. Your child may need additional vaccines or vaccine doses if they have certain health conditions or if previous doses were given too early.

VACCINATIONS	CHILD CARE, HEAD START, NURSERY, 3K OR PRE-KINDERGARTEN	KINDERGARTEN - Grade 5	GRADES 6 -11	GRADE12
Diphtheria , tetanus, and pertussis (DTaP)	4 doses	5 doses or 4 doses ONLY if the fourth dose was received at age 4 years or older or 3 doses ONLY if the child is age 7 years or older and the series was started at age 1 year or older	3 doses	
Tetanus, diphtheria and pertussis booster (Tdap)			1 dose (at or after age 11 years)	
Polio (IPV or OPV)	3 doses	4 doses or 3 doses if the third dose was received at age 4 years or older		
Measles, mumps and rubella (MMR)	1 dose	2 doses		
Hepatitis B	3 doses	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax HB [®]) if the doses at least 4 months apart between ages of 11 through 15 years	
Varicella (chickenpox)	1 dose	2 doses		
Meningococcal conjugate (MenACWY)			Grade 6: Not applicable Grades 7-11: 1 dose	Grade 12: 2 doses or 1 dose if the first dose was received at age 16 years or older
Haemophilus influenzae type b conjugate (Hib)	1 to 4 doses Depends on child's age and doses previously received			
Pneumococcal conjugate (PCV)	1 to 4 doses Depends on child's age and doses previously received			
Influenza	1 dose			

Talk to your health care provider if you have questions.
For more information call 311 or visit nyc.gov/health and search for **student vaccines**.



Department of Health
& Mental Hygiene

Department of
Education



**Department
of Health**

**Office of Children
and Family Services**

**State Education
Department**

June 14, 2019

**Statement on Legislation Removing Non-Medical Exemption
from School Vaccination Requirements**

On June 13, 2019, Governor Andrew M. Cuomo signed legislation removing non-medical exemptions from school vaccination requirements for children. The United States is currently experiencing the worst outbreak of measles in more than 25 years, with outbreaks in pockets of New York primarily driving the crisis. As a result of non-medical vaccination exemptions, many communities across New York have unacceptably low rates of vaccination, and those unvaccinated children can often attend school where they may spread the disease to other unvaccinated students, some of whom cannot receive vaccines due to medical conditions. This new law will help protect the public amid this ongoing outbreak.

What did the new law do?

As of June 13, 2019, there is no longer a religious exemption to the requirement that children be vaccinated against measles and other diseases to attend either:

- public, private or parochial school (for students in pre-kindergarten through 12th grade), or
- child day care settings.

For those children who had a religious exemption to vaccination, what are the deadlines for being vaccinated?

Children who are attending child day care or public, private or parochial school, and who had a religious exemption to required immunizations, must now receive the first age appropriate dose in each immunization series by June 28, 2019 to attend or remain in school or child day care. Also, by July 14, 2019 parents and guardians of such children must show that they have made appointments for all required follow-up doses. The deadlines for follow-up doses depend on the vaccine. The New York State Department of Health follows the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices catch-up immunization schedule and expects children to receive required doses consistent with Table 2 at the following link in order to continue to attend school or child day care: <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

What is the deadline for first dose vaccinations if my child is not attending school until September?

Parents and guardians of all children who do not have their required immunizations are encouraged to have them receive the first dose as soon as possible. The deadline for obtaining first dose vaccinations for children attending school in the fall is 14 days from the first day of school. Within 30 days of the first day of school, parents and guardians of such children must show that they have made appointments for all required follow-up doses.

Additional information will be forthcoming.



**Department
of Health**

**Office of Children
and Family Services**

**State Education
Department**

Frequently Asked Questions About Legislation Removing Non-Medical Exemptions from School Vaccination Requirements

Overview:

On June 13, 2019, Governor Andrew M. Cuomo signed legislation removing non-medical exemptions from school vaccination requirements for children. The United States is currently experiencing the worst outbreak of measles in more than 25 years, with outbreaks in pockets of New York primarily driving the crisis. As a result of non-medical vaccination exemptions, many communities across New York have unacceptably low rates of vaccination, and those unvaccinated children can often attend school where they may spread the disease to other unvaccinated students, some of whom cannot receive vaccines due to medical conditions. This new law will help protect the public amid this ongoing outbreak.

1. What did the new law do?

As of June 13, 2019, there is no longer a religious exemption to the requirement that children be vaccinated against measles and other diseases to attend either:

- public, private or parochial school (for students in pre-kindergarten through 12th grade),
or
- child day care settings.

2. When did the law become effective?

The law became effective on June 13, 2019.

3. How will schools and child day care settings be notified?

A joint notification by the NYS Department of Health, State Education Department, and Office of Children and Family Services was distributed to schools and child day care settings beginning on June 15, 2019.

4. For those children who had a religious exemption to vaccination, what are the deadlines for being vaccinated?

Children who are attending child day care or public, private or parochial school and who had a religious exemption to required immunizations, must now receive the first age appropriate dose in each immunization series by **June 28, 2019** to attend or remain in school or child day care. Also, by **July 14, 2019** parents and guardians of such children must show that they have scheduled appointments for all required follow-up doses. The deadlines for follow-up doses depend on the vaccine. The Department follows the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) catch-up immunization schedule for all

immunizations that are required to attend school in New York State, and expects children to receive required doses consistent with Table 2 of ACIP's Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger. (Please note that the guidelines contain all ACIP recommended vaccines, including some that are not currently required for schools and child day care programs in New York State.)

5. Where can I find the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) catch-up immunization schedule?

The ACIP catch-up immunization schedule is available at the following link:

<https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

(Please note that the guidelines contain all ACIP recommended vaccines, including some that are not currently required for schools and child day care programs in NYS.)

6. Are the vaccination requirements, as described in Question 5, required for my child to attend summer schools that are overseen by NYSED and summer child day care programs that are overseen by OCFS?

Yes. This requirement applies to summer school and summer child day care programs.

7. What is the deadline for first dose vaccinations if my child is not attending school until September?

The Department encourages parents and guardians of all children who do not have their required immunizations to receive the first dose in each immunization series as soon as possible. The deadline for obtaining first dose vaccinations in each immunization series for children attending school in the fall is 14 days from the first day of school or enrollment in child day care. Within 30 days of the first day of school, parents and guardians of such children must show that they have scheduled appointments for all required follow-up doses.

8. Does this new legislation apply to my child attending college?

The new legislation did not change the vaccination requirements for college attendance. Students attending college in NYS can still obtain a religious exemption. The Department requires that every student attending college be vaccinated against measles, mumps and rubella (MMR), unless the student has a valid religious or medical exemption.

9. Does this new legislation affect my child's medical exemption?

No. The new legislation does not affect valid medical exemptions.

10. What is a valid medical exemption?

A valid medical exemption must:

1. Be on a sample medical exemption form issued by the Department <https://www.health.ny.gov/forms/doh-5077.pdf> or the NYC Department of Health and Mental Hygiene, or on a signed statement that certifies that the immunization may be detrimental to a child's health;
2. Be signed by a physician licensed to practice medicine in New York State;
3. Contain sufficient information to identify the medical contraindication to a specific immunization. The Department recommends that health care practitioners consult the ACIP guidelines for contraindications and precautions to childhood vaccinations, available at: <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>. (Please note that the guidelines contain all ACIP recommended vaccines, including some that are not currently required for schools and child day care programs in New York State); and
4. Be confirmed annually.

11. My child is not being allowed to attend school and/or child day care program based on vaccination status. How do I appeal this decision?

Education Law §310(6-a) allows an appeal to the Commissioner of the State Education Department from persons considering themselves aggrieved by an action taken by "a principal, teacher, owner or other person in charge of any school in denying a child admission to, or continued attendance at, such school for lack of proof of required immunizations in accordance with" Public Health Law §2164. Such appeal may include a request for a "stay" of the school's action while the appeal is pending before the Commissioner. Information regarding the appeal process is available at: <http://www.counsel.nysed.gov/appeals/>.

There is no appeal process for child day care programs. Programs must be in compliance with all applicable laws.

12. What are the penalties for a school and child day care program if it does not comply?

All public, private and parochial schools are required to comply with the law. The Department will determine the cause of a school's violation or noncompliance and, where appropriate, seek civil penalties from noncompliant schools. NYS OCFS regulates child day care programs and may sanction programs that do not comply with the law.

13. How does New York State verify vaccination rates at schools and child day care programs?

The NYSDOH annually conducts surveys of school and child day care immunization coverage and exemption rates. Schools and child day care settings are required to participate in the surveys. Additionally, the NYSDOH audits a sample of schools each year for compliance with PHL Section 2164 and to verify the rates reported in their survey. If any students out of compliance with PHL Section 2164 are discovered during the audit, then the NYSDOH will require the students be excluded from school until they comply with the law. The Department will determine the cause of a school's noncompliance and, where appropriate, seek civil penalties from noncompliant schools. In some counties, the Department has delegated the county health department with authority to assist in conducting audits of schools to verify compliance.

NYS OCFS reviews vaccination records for compliance.

14. Does the new law apply to students who receive special education services?

Yes, the new law applies to students who receive special education services. However, the new legislation does not affect valid medical exemptions, and the United States Department of Education ("USDE") has issued guidance to assist schools in ensuring that students with disabilities under the federal Individuals with Disabilities Education Act ("IDEA") who are medically unable to receive vaccines due to a disability are not discriminated against on the basis of disability. USDE's Office for Civil Rights' *Fact Sheet: Addressing the Risk of Measles in Schools while Protecting the Civil Rights of Students with Disabilities* is available at: <https://www2.ed.gov/about/offices/list/ocr/docs/ocr-factsheet-measles-201503.pdf>.

Questions may be directed to the State Education Department's Office of Special Education, Policy Unit, 518-473-2878, SPECED@nysed.gov or to the appropriate Special Education Quality Assurance Regional Office, SEQA@nysed.gov.

15. My child receives educational services from a public, private or parochial school off school grounds. Do they need to be vaccinated?

If a student is enrolled in the school, regardless of where they receive educational services, they will need to comply with the vaccination requirements for schools.

Version: June 18, 2019 – Document will be reissued with additional questions in the future.



**Department
of Health**

**Office of Children
and Family Services**

**State Education
Department**

Effective June 13, 2019, Chapter 35 of the Laws of 2019 repealed non-medical exemptions from vaccination for children attending school.

This document is in follow-up to FAQs issued on June 18, 2019.

The 2019-20 School Year New York State Immunization Requirements for School Entrance/Attendance is available online.

The Center for Disease Control and Prevention Advisory Committee on Immunization Practices (ACIP) catch-up immunization schedule is available online.

VACCINATION REQUIREMENTS APPLICABLE TO ALL STUDENTS

Public Health Law §2164, as amended by Chapter 35 of the Laws of 2019 applies to students attending all schools as defined in Public Health Law §2164 to include any public, private or parochial child caring center, day nursery, day care agency, nursery school, kindergarten, elementary, intermediate or secondary schools.

Public Health Law §2164, as amended by Chapter 35 of the Laws of 2019 prohibits a school from permitting any child to be admitted to such school, or to attend such school, in excess of 14 days without sufficient evidence that the child has received all age appropriate required vaccinations. The 14 days may be extended where the student is transferring from out of state or from another country and can show a good faith effort to get the necessary evidence or where the parent, guardian or any other person in parental relationship can demonstrate that a child has received the first age-appropriate dose in each immunization series and that they have age appropriate scheduled appointments for follow-up doses to complete the immunization series in accordance with the CDC's Advisory Committee on Immunization Practices Recommended Immunization Schedules for Persons Aged 0 through 18.

1. Does the new law apply to children's camps issued a permit by the State or local health department?

No. The new legislation applies to schools as defined in Public Health Law §2164 and does not apply to children's camps that are issued a permit by the State or local health department.

2. My child had a religious exemption and attends summer school, or extended school year (ESY) for students with disabilities, which are not children's camps. Does the new law apply to summer school/ESY and if so, what is the

timeline I must follow to get my child vaccinated so my child can continue to attend school?

Yes, the law applies to both summer school and ESY. Proof of immunization must be provided within 14 days after the first day of summer school/ESY. The 14 days may be extended where the student is transferring from out of state or from another country and can show a good faith effort to get the necessary evidence; **or**, where the parent, guardian or any other person in parental relationship can demonstrate that a child has received the first age-appropriate dose in each immunization series within the 14 days and that they have age-appropriate scheduled appointments for follow-up doses to complete the immunization series in accordance with the Advisory Committee on Immunization Practices ("ACIP") "Recommended Child and Adolescent Immunization Schedules for ages 18 years or younger."

Thereafter, if such students require additional vaccinations due to entering a new grade level when school starts again in the future, those students must provide evidence of having received any additional age-appropriate required immunizations within 14 days of the first day instruction commences. The 14 days may be extended where the parent, guardian or any other person in parental relationship can demonstrate that a child has received the first age-appropriate dose in each immunization series within the 14 days and that they have age-appropriate scheduled appointments for follow-up doses to complete the immunization series in accordance with the ACIP "Recommended Child and Adolescent Immunization Schedules for ages 18 years or younger."

<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>.

3. When do parents need to provide proof of immunization in the fall for students who did not attend summer school or ESY?

Proof of immunization must be provided within 14 days after the first day of instruction in September. The 14 days may be extended where the student is transferring from out of state or from another country and can show a good faith

effort to get the necessary evidence **or** where the parent, guardian or any other person in parental relationship can demonstrate that a child has received the first age-appropriate dose in each immunization series within the 14 days and that they have age appropriate scheduled appointments for follow-up doses to complete the immunization series.

4. Does the new law apply to attendance at activities that are on school property but open to the general public? Examples may include: SAT prep, sporting events, and plays.

No. The new legislation does not apply to attendance at activities on school property that are open to the general public.

5. My child's school operates year-round, excluding ESY and summer school. When did the new law start applying to year-round schools?

The change in the law took effect on June 13, 2019 and allowed 14 days for children to get their first dose of each required vaccine in order to be admitted to or continue attending school. Therefore, children at year-round schools were required to be vaccinated with the first doses by June 28, 2019. These children must be excluded from school immediately if they do not meet this requirement.

6. Does this new law apply to students aged 18 and older?

No. The mandatory vaccination law only applies to a child, which Public Health Law §2164(1)(b) defines as a person between the ages of two months and 18 years. Once a student reaches the age 18, he/she is no longer required to show proof of immunization.

7. My child's school operates a year-round day care center. When did the new law start applying to these year-round day care centers in schools?

The change in the law took effect on June 13, 2019 and allowed 14 days for children to get their first dose of each required vaccine. Therefore, children at year-round day care centers are required to be vaccinated with the first doses by June 28, 2019. These children must be excluded from day care centers in school immediately if they do not meet these requirements.

8. My child had a religious exemption before the new law was enacted. Is my religious exemption still valid?

No. Religious exemptions are no longer valid in New York State.

9. Does the new requirement apply to charter schools?

Yes.

10. Do I need to schedule all of my child's appointments for all required doses, including all follow-up doses, within 30 days of the first day of attendance?

Parents and guardians must demonstrate, within 30 days of the first day of attendance, that their child has age-appropriate appointments scheduled for the next follow-up doses to complete the immunization series in accordance with the ACIP schedule. However, the actual appointments for the follow-up doses may be more than 30 days out, so long as they are in accordance with the ACIP schedule available online at <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>.

11. When are follow-up doses required for children who received their first doses prior to the change in law and are overdue for their next doses?

Such students must still receive their next doses as soon as they are due, in accordance with the ACIP schedule. Children must receive all first doses, or overdue follow-up doses if they already received prior doses in a series, within 14 days of school or child day care attendance, and must provide evidence of age appropriate appointments for the next follow-up doses, in accordance with the ACIP schedule, within 30 days of the first day of attendance. All required vaccine schedules must be completed in accordance with the ACIP schedule. Here is a link for the routine immunization and catch up schedules:

<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

12. Is the rotavirus vaccine required to attend school?

No.

13. My child never received the pneumococcal vaccine or Haemophilus Influenzae type B (Hib) vaccine as a baby. Now my child is entering kindergarten. According to the ACIP schedule, healthy children age 5 and older don't need these vaccines. Does my child still need these vaccines to attend school?

No. Pneumococcal and Haemophilus Influenzae type B (Hib) vaccines are only required for day cares and pre-kindergarten programs. Children in kindergarten through grade 12 do not need to receive a pneumococcal or Hib vaccine.

14. Who may issue a medical exemption?

Pursuant to Section 2164 of the Public Health Law, only physicians licensed to practice medicine in NYS may issue a medical exemption.

15. Is serological evidence of immunity acceptable proof of immunization for school enrollment?

A positive serologic test can be accepted as proof of immunity for school enrollment only for the following diseases: measles, mumps, rubella, varicella (chickenpox), hepatitis B and all three serotypes of poliomyelitis found in the polio vaccines.

16. If I'm a Group Family Child Care Provider, with my own children in my home, in addition to day care children, what are my options regarding my own children who remain in the home during day care hours and are not vaccinated? Can they remain in another part of the house during day care hours?

In home-based child care programs (family day care and group family day care), a provider's own non-school aged children count in the program's capacity and are considered to be enrolled in the program. The provider must comply with Public Health Law and New York State Child Care Regulations regarding immunizations, and must keep documentation of immunizations all enrolled children have received, including the provider's own children.

17. Are "homeoprophylaxis vaccines" acceptable alternatives for required vaccinations?

No. Only licensed vaccines recommended by the ACIP are acceptable.

18. Are out-of-country immunization records acceptable?

Yes, as long as they are official records and can be read and understood by the school or have been reviewed and signed by a physician licensed to practice medicine in NYS.

19. Are children allowed to follow a delayed vaccination schedule for required vaccines?

No. The ACIP schedule must be used. Delayed vaccination schedules are not permitted.

20. What does the June 30, 2020 date mean in the law?

Until June 30, 2020, a child can attend school if they receive the first age-appropriate dose in each immunization series within 14 days from the first day of school attendance and can show within 30 days that they have scheduled age-appropriate appointments for required follow-up doses. This allows students who were not fully up-to-date on their vaccinations on June 13, 2019, when the law was enacted, to continue to attend school, as long as they receive the first age-appropriate dose in each immunization series within 14 days from the first day of school attendance and can show within 30 days that they have scheduled age-appropriate appointments for required follow-up doses. By June 30, 2020, all students who were attending school at the time the law was enacted are expected to be fully up-to-date on their required immunizations and therefore the 30-day extension allowing such children to be enrolled as long as they have scheduled appointments to complete their immunization series according to the ACIP schedule will expire.

21. Can all required vaccines be given at the same time? Can the schedule be spread out?

Scientific data show that getting several vaccines at the same time does not cause any health problems. If combination vaccines are used, the number of injections can be reduced. The highest number of vaccines that a child might need to attend school or daycare is seven. However, the number varies by age, and older children need fewer doses to catch up. It is important to note that infants routinely get multiple vaccines at once, according to the ACIP schedule. The ACIP schedule is approved by the American Academy of Pediatrics, the American Academy of Family Practice, and is the standard of practice for vaccination in the United States. Vaccines can be

spread out to start, so long as a child receives the first age-appropriate dose in each immunization series within 14 days of the first day of attendance.

22. If a school doesn't receive State Aid, can it offer religious exemptions to the vaccination requirement?

No. All schools must comply with the immunization requirements, regardless of whether they receive State Aid. Public Health Law §2164(1)(a) defines "school" to include any public, private or parochial child caring center, day nursery, day care agency, nursery school, kindergarten, elementary, intermediate or secondary school.



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

Pneumococcal Vaccine Requirements for New York State Prekindergarten and Daycare Entrance/Attendance by Age and Vaccination History: Children Aged 2 Through 5 Years

Current Age	Vaccination History	Additional Doses Required*	Total Number of Doses Required
24-59 months	0 doses (child never had any doses before age 24 months)	1	1
	1 dose administered on or after age 24 months	0	1
	1 dose administered before age 24 months	1	2
	2 doses, both administered on or after age 12 months	0	2
	2 doses, at least 1 administered before age 12 months	1	3
	3 doses, at least 1 administered on or after age 12 months	0	3
	3 doses, all administered before age 12 months	1	4
	4 doses	0	4
≥ 5 years	Not required for pre-K and daycare entrance or attendance for healthy children ≥ 5 years of age		



SEPTEMBER 2022

MEDICAL REQUIREMENTS FOR CHILD CARE AND NEW SCHOOL ENTRANTS

(PUBLIC, PRIVATE, PAROCHIAL SCHOOLS AND CHILD CARE CENTERS)

ALL STUDENTS ENTERING A NEW YORK CITY (NYC) SCHOOL OR CHILD CARE FOR THE FIRST TIME MUST HAVE A COMPLETE PHYSICAL EXAMINATION AND ALL REQUIRED IMMUNIZATIONS

The comprehensive medical examination must be documented on a Child Adolescent Health Examination Form (CH205) and include the following:

Weight	Body Mass Index	Medical History
Height	Vision Screening	Developmental Assessment
Blood Pressure	Hearing Screening	Nutritional Evaluation
	Dental Screening	

All students entering NYC public or private schools or child care (including Universal 3K and Pre-Kindergarten classes) for the first time must submit a report of a physical examination performed within one year of school entry. Because children develop and grow so quickly at these early ages, if this initial examination is performed before the student is age 5 years, a second examination, performed between the child's fifth and sixth birthday, is also required. Fillable CH-205 forms that include the student's pre-populated vaccination histories are available in the NYC Citywide Immunization Registry (CIR). A savable version of the pre-populated CH205 is also available in the CIR and is accessible for use to update as needed. For school year 2022-2023, the previous version of the CH205 form produced from the Online Registry will continue to be accepted by all NYC Public Schools, Center/School/Home-Based Care and After-School until it is replaced by the new version.

Required Screening for Child Care Only

Screening	Required Information
Anemia Screening	Hematocrit OR Hemoglobin
Lead Screening, Assessment and Testing	<ul style="list-style-type: none"> All children under age 6 years must be assessed annually for lead exposure. Blood lead tests are required for children at ages 1 and 2 years AND other children up to age 6 years if they are at risk of exposure OR if no lead test was previously documented. For more information, call the Lead Poisoning Prevention Program at 311, or visit https://www1.nyc.gov/assets/doh/downloads/pdf/lead/lead-guidelines-children.pdf

IMMUNIZATION REQUIREMENTS 2022-23

The following immunization requirements are mandated by law for all students between the ages of 2 months and 18 years. Children must be excluded from school if they do not meet these requirements. To be considered fully immunized, a child must have an immunization history that includes all of the following vaccines. The child's immunization record should be evaluated according to the grade they are attending this school year.

PROVISIONAL REQUIREMENTS

New students may enter school or child care provisionally with documentation of at least this initial series of immunizations. Once admitted provisionally, subsequent vaccines must be administered in accordance with the Advisory Committee on Immunization Practices (ACIP) "catch up" schedule for the child to be considered "in process" and remain in school (refer to <https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>). If a child does not receive subsequent doses of vaccine at appropriate intervals and according to the ACIP catch-up schedule, the child is no longer in process and must be excluded from school within 14 days after the minimum interval identified by the ACIP catch-up schedule. Alternative schedules are not acceptable. Students must complete the entire series to comply with the law. Students who have not been immunized within the provisional period must be issued exclusion letters and excluded from school or child care until they comply with the requirements.

VACCINES	CHILD CARE, HEAD START, NURSERY, 3K OR PRE-KINDERGARTEN	KINDERGARTEN through Grade 12
Diphtheria and tetanus toxoid-containing vaccine and pertussis vaccine (DTaP/DTP/DT/Td/Tdap) ^{2,3}	One dose DTaP or DTP	Grades K-5: One dose DTaP, DTP, DT; or Td, Tdap (ages 7 years or older) Grades 6-12: one dose of Tdap
Polio vaccine (IPV/OPV) ^{1,4}	One dose	One dose
Measles, mumps, and rubella vaccine (MMR) ^{1,5} On or after the first birthday	One dose	One dose
Hepatitis B (HepB) vaccine ^{1,6}	One dose	One dose
Varicella (chickenpox) vaccine ^{1,7} On or after the first birthday	One dose	One dose
Meningococcal conjugate vaccine (MenACWY) ⁸ Grades 7 through 12		One dose
Haemophilus influenzae type b conjugate vaccine (Hib) ⁹ Through age 59 months (up until the 5 th birthday)	One dose	
Pneumococcal conjugate vaccine (PCV) ¹⁰ Through age 59 months (up until the 5 th birthday)	One dose	
Influenza ¹¹ Depending on their influenza vaccine history, some children may need two doses of influenza vaccine. A second dose is not required for child care/pre-K attendance.	One dose	

2022–23: FULL COMPLIANCE

New York State Immunization Requirements for Child Care and School Entrance/Attendance

Notes: For all settings and grades (child care, head start, nursery, 3K, pre-Kindergarten through 12), intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for children aged 0 through 18 years. Doses received more than 4 calendar days before the recommended minimum age or interval are not valid and do not count. This 4-day grace period does not apply to the recommended 28-day minimum interval between doses of live virus vaccines (i.e., MMR, varicella). Refer to the footnotes for dose requirements and specific information about each vaccine. Children enrolling in gradeless classes should meet immunization requirements for their age-equivalent grade. Children who were not in full compliance before the start of the school year must complete requirements according to the ACIP-recommended catch-up schedule in order to remain in child care or school.

VACCINES	CHILD CARE, HEAD START, NURSERY, 3K OR PRE-KINDERGARTEN	KINDERGARTEN through Grade 5	GRADES 6 through 12
Diphtheria and tetanus toxoid-containing vaccine and pertussis vaccine (DTaP/DTp) ²	4 doses	5 doses or 4 doses if the fourth dose was received at age 4 years or older or 3 doses if the child is age 7 years or older and the series was started at age 1 year or older	3 doses
Tetanus and diphtheria toxoid-containing vaccine and pertussis vaccine booster (Tdap) ³		Not Applicable	1 dose
Polio vaccine (IPV/OPV) ^{1,4}	3 doses	4 doses or 3 doses if the third dose was received at age 4 years or older	
Measles, mumps, and rubella vaccine (MMR) ^{1,5}	1 dose		2 doses
Hepatitis B (HepB) vaccine ^{1,6}	3 doses	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax HB [®]) for children who received the doses at least 4 months apart between the ages of 11 through 15 years
Varicella (chickenpox) vaccine ^{1,7}	1 dose		2 doses
Meningococcal conjugate vaccine (MenACWY) ⁸		Not Applicable	Grades 7, 8, 9, 10 and 11: 1 dose Grade 12: 2 doses or 1 dose if the first dose was received at age 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib) ⁹	1 to 4 doses		Not Applicable
Pneumococcal conjugate vaccine (PCV) ¹⁰	1 to 4 doses		Not Applicable
Influenza ¹¹	1 dose		Not Applicable

For more information contact:

New York State Department of Health, Bureau of Immunization: 518-473-4437

New York City Department of Health and Mental Hygiene, Bureau of Immunization: 347-396-2433; Office of School Health Citywide (all districts): OSH@health.nyc.gov

- Documented serologic evidence of immunity to measles, mumps, rubella, hepatitis B, or varicella meets the requirements for these immunizations. Serologic evidence of immunity to polio is acceptable only if results are positive for all three serotypes and testing must have been done prior to September 1, 2019. Diagnosis by a physician, physician assistant or nurse practitioner that a child had varicella disease is acceptable proof of immunity to varicella.
- Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine – (Minimum age: 6 weeks)**
 - Children starting the series on time should receive a five-dose series of DTaP vaccine at ages 2 months, 4 months, 6 months, 15 through 18 months, and age 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, when retrospectively identified, the fourth dose need not be repeated if it was administered at least 4 months after the third dose. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the prior dose.
 - If the fourth dose was administered at age 4 years or older, the fifth (booster) dose is not necessary.
 - If the fifth dose was received prior to the fourth birthday, a sixth dose, administered at least 6 months after the prior dose, is required.
 - For children born before January 1, 2005, immunity only to diphtheria is required; any diphtheria-containing vaccine can meet the requirement (DTaP, DT, Td, or Tdap).
 - Children ages 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, either Tdap or Td should be used. If the first dose of DTaP/DTp/DT was received before the first birthday, then four total doses are required to complete the series. If the first dose of DTaP/DTp/DT was received on or after the first birthday, then three total doses are required to complete the series. The final dose must be received on or after the fourth birthday.
- Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine – (Minimum age: 7 years)**
 - Students ages 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
 - Students without Tdap who are age 10 years upon entry to 6th grade are in compliance until they turn age 11 years.
 - In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series (see footnote 2e).
 - In school year 2022-2023, only doses of Tdap (or DTaP) given at age 10 years or older will satisfy the Tdap requirement for grades 6, 7 and 8; however, doses of Tdap (or DTaP) given at age 7 years or older will satisfy the requirement grades 9 through 12.
 - DTaP should NOT be used on or after the 7th birthday but if inadvertently received, the Tdap requirement is satisfied by doses of DTaP (see footnote 3c).
- Inactivated poliovirus vaccine (IPV) or oral polio vaccine (OPV) – (Minimum age: 6 weeks)**
 - Children starting the series on time should receive IPV at ages 2 months, 4 months, 6 through 18 months and age 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the prior dose.
 - For students who received their fourth dose before age 4 years, if the 4th dose was prior to August 7, 2010, four doses separated by at least four weeks is sufficient.
 - If the third dose was received at age 4 years or older and at least 6 months after the prior dose, a fourth dose is not necessary.
 - If both OPV and IPV were administered as part of a series, the total number of doses and intervals between doses is the same as that recommended for the IPV schedule. For OPV to count towards the completion of the polio series, the dose(s) must have been given before April 1, 2016, and be trivalent (OPV).
- Measles, mumps, and rubella (MMR) vaccine – (Minimum age: 12 months)**
 - The first dose of MMR vaccine must be given on or after the first birthday. The second dose must be given at least 28 days (four weeks) after the first dose to be considered valid.
 - Students in kindergarten through grade 12 must receive two doses of measles-containing vaccine, two doses of mumps-containing vaccine and at least one dose of rubella-containing vaccine.
- Hepatitis B (HepB) vaccine – (Minimum age: birth)**
 - The first dose of HepB vaccine may be given at birth or anytime thereafter. The second dose must be given at least four weeks (28 days) after the first dose. The third dose must be given at least eight weeks after the second dose AND at least 16 weeks after dose one AND no earlier than 24 weeks of age.
 - Administration of a total of four doses is permitted when a combination vaccine containing HepB is administered after the birth dose. This fourth dose is often needed to ensure that the last dose in the series is given on or after age 6 months.
 - Two doses of adult HepB vaccine (Recombivax[®]) received at least four months apart at age 11 through 15 years will meet the requirement.
- Varicella (chickenpox) vaccine – (Minimum age: 12 months)**
 - The first dose of varicella vaccine must be given on or after the first birthday. The second dose must be given at least 28 days (four weeks) after the first dose to be considered valid.
 - For children younger than age 13 years, the recommended minimum interval between doses is three months (though, if the second dose was administered at least four weeks after the first dose, it can be accepted as valid); for people aged 13 years and older, the minimum interval between doses is four weeks.
- Meningococcal Vaccine (MenACWY) – (Minimum age: 2 months)**
 - Students entering grades 7, 8, 9, 10 and 11 are required to receive a single dose of meningococcal conjugate vaccine against serogroups A, C, W-135 and Y (MenACWY vaccine).
 - Students entering grade 12 need to receive two doses of MenACWY vaccine, or only one dose of MenACWY vaccine if the first dose was administered at age 16 years or older.
 - If the second dose was administered before age 16 years, then a third dose given on or after age 16 years is required.
 - The minimum interval between doses of MenACWY vaccine is eight weeks.
 - In school year 2022-2023, only doses of MenACWY given at 10 years or older satisfies the requirement for grades 7, 8 and 9; doses given before 10 years will satisfy the requirement for the first dose for grades 10 through 12.
- Haemophilus influenzae type b conjugate vaccine (Hib) – (Minimum age: 6 weeks)**
 - Children starting the series on time and receiving PRP-T Hib vaccine should receive doses at ages 2 months, 4 months, 6 months and 12 through 15 months. If the formulation is PRP-OMP, only two doses are needed before age 12 through 15 months.
 - If 2 doses of vaccine were received before age 12 months, only 3 doses are required, with the third dose at 12 through 15 months and at least 8 weeks after the second dose.
 - If the first dose was received at age 12 through 14 months, only 2 doses are required with second dose at least 8 weeks after the first dose.
 - If the first dose was received at age 15 months or older, no further doses are required.
 - Hib vaccine is not required for children ages 5 years or older.
- Pneumococcal conjugate vaccine (PCV) – (Minimum age: 6 weeks)**
 - Children starting the series on time should receive PCV vaccine at ages 2 months, 4 months, 6 months and 12 through 15 months.
 - Unvaccinated children ages 7 through 11 months must receive two doses, at least four weeks apart, followed by a third dose at age 12 through 15 months and at least eight weeks after the prior dose.
 - Unvaccinated children ages 12 through 23 months must receive two doses at least eight weeks apart.
 - If a dose was received at age 24 months or older, no further doses are required.
 - PCV vaccine is not required for children ages 5 years or older.
 - See PCV chart at <https://www.cdc.gov/vaccines/schedules/downloads/child/job-aids/pneumococcal.pdf>
- Influenza Vaccine – (Minimum age: 6 months)**
 - All children 6 months through 59 months of age enrolled in NYC Article 47 & 43 regulated Child Care, Head Start, Nursery, or Pre-K programs must receive one dose of influenza vaccine between July 1st and December 31st of each year.
 - Depending on their prior influenza vaccination history, some children may need two doses of influenza vaccine, however, a second dose is not required for school entry. Please refer to the Centers for Disease Control and Prevention ([cdc.gov/flu](https://www.cdc.gov/flu)) or New York City Department of Health (www.nyc.gov/health/flu)



REQUEST FOR REVIEW OF SEROLOGY OR DOCUMENTATION OF VARICELLA DISEASE TO SATISFY IMMUNIZATION REQUIREMENTS



Student's Name

Date of Birth ____ / ____ / ____

OSIS #

ATS DBN

INSTRUCTIONS FOR THE REQUESTING MEDICAL PROVIDER

New York State Public Health Law §2164 allows for laboratory documentation of immunity to satisfy the immunization requirements for school/childcare attendance for measles, mumps, rubella, varicella, and hepatitis B. Serologic evidence of immunity to polio is acceptable only if results are positive for all three serotypes and testing was done prior to September 1, 2019. **Serologic results are not acceptable proof of immunity to diphtheria, tetanus, pertussis, meningococcus, pneumococcus, or *Haemophilus influenzae* type b.** Diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella (chicken pox) disease is acceptable proof of immunity to varicella. Parent history of varicella disease is not acceptable.

As the child's medical provider, I certify that this child has (select all that apply):

Lab evidence of immunity*: ☐ Measles ☐ Mumps ☐ Rubella ☐ Varicella ☐ Hepatitis B ☐ Polio (3 serotypes)

Varicella disease history*: ☐ Varicella disease (must be provider-documented)

* You must include one of the following documents for laboratory evidence of immunity or varicella documentation:

- A copy of the laboratory result including student name, DOB, test results and either reference range or qualitative result (e.g., positive, immune); you must sign the document.
 - Equivocal results are not accepted as proof of immunity.
 - Notes indicating immunity without laboratory test results are not accepted as proof of immunity.
- For varicella disease: documentation or basis for confirming varicella disease.
 - Original note confirming varicella disease when available.
 - Citywide Immunization Registry history page indicating that the child had varicella disease: must be provider-documented; documentation or basis for diagnosis may be requested.
 - Parent history alone is not acceptable documentation for varicella disease.

I am the student's treating health care practitioner:

Physician Name:	NYS License # ____
Physician Signature:	Degree: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA
Office Phone (____) ____ - ____ Ext ____	Stamp
Cell Phone (____) ____ - ____	
Date ____ / ____ / ____	

PARENT/GUARDIAN CONSENT FOR RELEASE OF INFORMATION

I, authorize _____ (health professional) to provide the New York City Departments of Health and Education with information contained in my child's medical record, including, but not limited to laboratory or other records supporting this request.

Parent/Guardian Name: _____

Parent/Guardian's signature _____ Date: ____ / ____ / ____

NYC DOHMH USE ONLY

Confirmed immunity	<input type="checkbox"/> MEASLES	<input type="checkbox"/> MUMPS	<input type="checkbox"/> RUBELLA	<input type="checkbox"/> VARICELLA	<input type="checkbox"/> HEP B	<input type="checkbox"/> VARICELLA DISEASE	<input type="checkbox"/> POLIO
--------------------	----------------------------------	--------------------------------	----------------------------------	------------------------------------	--------------------------------	--	--------------------------------

Reviewed by _____ Date ____ / ____ / ____



Notice of Exclusion from School Due to Incomplete Immunization Record

Child's Name: _____ Date: _____

School ID: _____ Grade/Class: _____

School: _____ School Phone: _____

Dear Parent / Guardian:

As of ____/____/____ your child cannot attend school due to incomplete required school immunizations. Under Public Health Law § 2164, your child will not be allowed to return to school unless you provide documentation that they have received the next dose of each of the following required vaccine(s) or had a blood test to check for immunity to measles, mumps, rubella, varicella, polio, or hepatitis B.

VACCINE	Number of Dose(s) Needed	NOTES (refer to SH65 for details by age and grade)
DTaP (<i>Diphtheria-tetanus-acellular pertussis</i>) DTP (<i>Diphtheria-tetanus-pertussis</i>) Td (<i>Tetanus-diphtheria</i>)	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th	
Tdap (<i>Tetanus-diphtheria-acellular pertussis</i>)	<input type="checkbox"/> 1 st	Only doses of Tdap (or DTaP) given at 10 years or older satisfies the requirement for grades 6, 7 and 8; doses given at 7 years or older satisfies the requirement for grades 9-12.
IPV/OPV (<i>Polio</i>)	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Bloodwork that shows proof of immunity is accepted but must include <u>all three polio serotypes</u> (testing must have been done before September 2019).
MMR (<i>Measles, mumps, rubella</i>)	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd	Bloodwork that shows proof of immunity is accepted.
HepB (<i>Hepatitis B</i>)	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	Bloodwork that shows proof of immunity or chronic HepB infection is accepted.
Varicella (<i>Chickenpox</i>)	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd	Bloodwork that shows proof of immunity OR provider documentation of disease is accepted.
MenACWY (<i>Meningococcal Conjugate</i>)	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd	Only doses of MenACWY given at 10 years or older satisfies the requirement for grades 7, 8 and 9; doses given before 10 years satisfies the requirement for the first dose for grades 10-12.
Hib (<i>Haemophilus influenzae type b</i>)	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Child Care, Head Start, Nursery, 3K or Pre-K
PCV (<i>Pneumococcal conjugate</i>)	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Child Care, Head Start, Nursery, 3K or Pre-K
Influenza	<input type="checkbox"/> 1 st	Child Care, Head Start, Nursery, 3K or Pre-K
Note to Providers: Please go to schools.nyc.gov and search "immunizations" to review SH65 (Medical Requirements for School Year 2022-23) in the "Information for Providers" section and school immunization requirements-related forms.		

Please show this letter to your child's medical provider to ensure that your child receives the missing dose(s) listed. If your child has **already** received these vaccines, please give the records of immunization or immunity to your school principal. Alternative schedules are not allowed. If you have any questions about the law requiring immunizations for school, or to find out more about where your child can be vaccinated, please call **311**.

Sincerely,

Principal Name: _____

Principal Signature: _____

cc: Student file, Attendance Teacher (Public School)

SH-88 (rev. June 2022) Exclusion



Warning Notice: Your Child's Immunization Status

Child's Name: _____ Date: _____

School ID: _____ Grade/Class: _____

School: _____ School Phone: _____

Dear Parent / Guardian:

We reviewed your child's health record and found that your child is missing one or more vaccines needed for school entry. Please immediately provide records showing your child received the vaccines listed below or had a blood test to check for immunity to measles, mumps, rubella, varicella, polio, or hepatitis B. **Under Public Health Law § 2164, your child will not be permitted to attend school after ____/____/____ unless you provide documentation that your child received the required vaccines or has proof of immunity.** Please note: If your child received doses of vaccine BEFORE the minimum age (too early), those doses do NOT count toward the number of doses needed.

VACCINE	Number of Dose(s) Needed	NOTES (refer to SH65 for details by age and grade)
DTaP (<i>Diphtheria-tetanus-acellular pertussis</i>) DTP (<i>Diphtheria-tetanus-pertussis</i>) Td (<i>Tetanus-diphtheria</i>)	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th	
Tdap (<i>Tetanus-diphtheria-acellular pertussis</i>)	<input type="checkbox"/> 1 st	Only doses of Tdap (or DTaP) given at 10 years or older satisfies the requirement for grades 6, 7 and 8; doses given at 7 years or older satisfies the requirement for grades 9-12.
IPV/OPV (<i>Polio</i>)	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Bloodwork that shows proof of immunity is accepted but must include <u>all three polio serotypes</u> (testing must have been done before September 2019).
MMR (<i>Measles, mumps, rubella</i>)	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd	Bloodwork that shows proof of immunity is accepted.
HepB (<i>Hepatitis B</i>)	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	Bloodwork that shows proof of immunity or chronic HepB infection is accepted.
Varicella (<i>Chickenpox</i>)	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd	Bloodwork that shows proof of immunity <i>OR</i> provider documentation of disease is accepted.
MenACWY (<i>Meningococcal Conjugate</i>)	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd	Only doses of MenACWY given at 10 years or older satisfies the requirement for grades 7, 8 and 9; doses given before 10 years satisfies the requirement for the first dose for grades 10-12.
Hib (<i>Haemophilus influenzae type b</i>)	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Child Care, Head Start, Nursery, 3K or Pre-K
PCV (<i>Pneumococcal conjugate</i>)	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Child Care, Head Start, Nursery, 3K or Pre-K
Influenza	<input type="checkbox"/> 1 st	Child Care, Head Start, Nursery, 3K or Pre-K
Note to Providers: Please go to schools.nyc.gov and search "immunizations" to review SH65 (Medical Requirements for School Year 2022-23) in the "Information for Providers" section and school immunization requirements-related forms.		

Please show this letter to your child's medical provider to ensure that your child receives the missing dose(s) listed. If your child has **already** received these vaccines, please give the records of immunization or immunity to your school principal. Alternative schedules are not allowed. If you have any questions about the law requiring immunizations for school, or to find out more about where your child can be vaccinated, please call **311**.

Sincerely,

Principal Name:

Principal Signature:

cc: Student file, Attendance Teacher (Public School)

SH-89 (rev. June 2022) Warning

**MEDICAL REQUEST FOR IMMUNIZATION EXEMPTION**

Student Information	DOE School Sites	Non-DOE School Sites
Student Name:	OSIS #	School/Facility Name:
Date of Birth ____/____/_____ Student Address:	ATS DBN	School contact name/title: Phone: _____ FAX: _____ Address:

Instructions for the Requesting Physician

This form **must be completed and signed by a physician licensed in New York State** and be based on Advisory Committee on Immunization Practices' recommendations and guidelines, in accordance with NYS Public Health Law Section 2164. Parental concerns about immunizations do not constitute a valid medical exemption. Medical exemptions are granted for no more than one year and requests must be resubmitted annually. NYC Department of Health medical providers review all medical exemption requests and may request additional information. Note: students on home instruction are required to be vaccinated in accordance with the NYS Public Health Law Section 2164.

The following are **NOT** valid contraindications to **ANY** routine vaccine:

- Egg allergy, even if anaphylactic, is not a valid contraindication to MMR, influenza, or any other vaccine.
- Autism and/or developmental delay in the child or family member.
- Controlled seizures (with or without medication).
- Mild, acute illness (e.g., low-grade fever, cold, upper respiratory illness, diarrhea, otitis media).
- Prior influenza A and/or B infection (influenza vaccine still required for children up to the 5th birthday).
- Contact with immunosuppressed persons by a healthy individual.
- Pregnancy in the household or contact with a pregnant woman.
- Family history of any vaccine reaction(s) or history of allergies (in a relative).
- Family history of seizures (in a relative).
- Parental requests to delay or withhold vaccinations will not be considered.

Medical Exemption Request

As the student's physician, I request a medical exemption for (student name) _____
date of birth ____/____/____ for the following required immunization(s). I certify under penalty of violation of NYS Public Health Law Section 2164 that the particular immunization(s) will be detrimental to the child's health:

<input type="checkbox"/> Hepatitis B <input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> Polio <input type="checkbox"/> MMR <input type="checkbox"/> Varicella <input type="checkbox"/> MenACWY	For children up to the 5th birthday <input type="checkbox"/> PCV13 <input type="checkbox"/> Hib <input type="checkbox"/> Influenza
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Explanation for exemption request for each vaccine(s). please attach supporting documentation if needed.

Diagnosis/Event/Treatment:	Expected Duration of Contraindication:
Date of Diagnosis/Event:	

Physician Name:	NYS License # NY _____	
Physician Signature:	Degree (MD / DO)	Date ____/____/____
Office Phone (_____) _____ - _____ Ext _____	Stamp	
Cell Phone (_____) _____ - _____		

Parent/Guardian Consent for Release of Information

I, (parent/guardian name) _____ authorize (physician name) _____ to provide the New York City Departments of Health and Education with information contained in my child's medical record, including, but not limited to laboratory or other records supporting this request.

Parent/Guardian's signature _____ Date ____/____/____

CHILD & ADOLESCENT HEALTH EXAMINATION FORM <small>NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION</small>					<small>Please Print Clearly</small> NYC ID (OSIS)										
TO BE COMPLETED BY THE PARENT OR GUARDIAN															
Child's Last Name				First Name			Middle Name			Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth (Month/Day/Year) _____/_____/_____			
Child's Address							Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Race (Check ALL that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other						
City/Borough			State		Zip Code		School/Center/Camp Name				District Number _____		Phone Numbers Home _____ Cell _____ Work _____		
Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No (including Medicaid)? <input type="checkbox"/> No		Parent/Guardian Last Name			First Name			Email							
<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Foster Parent															
TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER															
Birth history (age 0-6 yrs) <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Premature: _____ weeks gestation <input type="checkbox"/> Complicated by _____				Does the child/adolescent have a past or present medical history of the following? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Asthma (check severity and attach MAF) <small>If persistent, check all current medication(s):</small> Asthma Control Status _____ <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Behavioral/mental health disorder <input type="checkbox"/> Congenital or acquired heart disorder <input type="checkbox"/> Developmental/learning problem <input type="checkbox"/> Diabetes (attach MAF) <input type="checkbox"/> Orthopedic injury/disability Explain all checked items above. </div> <div style="width: 45%;"> <input type="checkbox"/> Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent <input type="checkbox"/> Quick Relief Medication <input type="checkbox"/> Inhaled Corticosteroid <input type="checkbox"/> Oral Steroid <input type="checkbox"/> Other Controller <input type="checkbox"/> None <input type="checkbox"/> Well-controlled <input type="checkbox"/> Poorly Controlled or Not Controlled <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Speech, hearing, or visual impairment <input type="checkbox"/> Tuberculosis (latent infection or disease) <input type="checkbox"/> Hospitalization <input type="checkbox"/> Surgery <input type="checkbox"/> Other (specify) _____ Addendum attached. </div> </div>											
Allergies <input type="checkbox"/> None <input type="checkbox"/> Epi pen prescribed <input type="checkbox"/> Drugs (list) _____ <input type="checkbox"/> Foods (list) _____ <input type="checkbox"/> Other (list) _____				Medications (attach MAF if in-school medication needed) <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____ _____ _____ _____											
Attach MAF if in-school medications needed															
PHYSICAL EXAM Date of Exam: ____/____/____ Height _____ cm (____ %ile) Weight _____ kg (____ %ile) BMI _____ kg/m ² (____ %ile) Head Circumference (age ≤2 yrs) _____ cm (____ %ile) Blood Pressure (age ≥3 yrs) ____/____				General Appearance: <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input type="checkbox"/> Physical Exam WNL <input type="checkbox"/> Abnl <input type="checkbox"/> Psychosocial Development <input type="checkbox"/> Language <input type="checkbox"/> Behavioral </div> <div style="width: 20%;"> <input type="checkbox"/> HEENT <input type="checkbox"/> Dental <input type="checkbox"/> Neck </div> <div style="width: 20%;"> <input type="checkbox"/> Lymph nodes <input type="checkbox"/> Lungs <input type="checkbox"/> Cardiovascular </div> <div style="width: 20%;"> <input type="checkbox"/> Abdomen <input type="checkbox"/> Genitourinary <input type="checkbox"/> Extremities </div> <div style="width: 20%;"> <input type="checkbox"/> Skin <input type="checkbox"/> Neurological <input type="checkbox"/> Back/spine </div> </div> Describe abnormalities: _____ _____											
DEVELOPMENTAL (age 0-6 yrs) Validated Screening Tool Used? _____ Date Screened ____/____/____ <input type="checkbox"/> Yes <input type="checkbox"/> No Screening Results: <input type="checkbox"/> WNL <input type="checkbox"/> Delay or Concern Suspected/Confirmed (specify area(s) below): <input type="checkbox"/> Cognitive/Problem Solving <input type="checkbox"/> Adaptive/Self-Help <input type="checkbox"/> Communication/Language <input type="checkbox"/> Gross Motor/Fine Motor <input type="checkbox"/> Social-Emotional or Personal-Social				Nutrition < 1 year <input type="checkbox"/> Breastfed <input type="checkbox"/> Formula <input type="checkbox"/> Both ≥ 1 year <input type="checkbox"/> Well-balanced <input type="checkbox"/> Needs guidance <input type="checkbox"/> Counseled <input type="checkbox"/> Referred Dietary Restrictions <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____ <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SCREENING TESTS Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk) _____ μg/dL _____ μg/dL Lead Risk Assessment (annually, age 6 mo-6 yrs) _____ <input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk Hemoglobin or Hematocrit _____ g/dL _____ % </div> <div style="width: 45%;"> Hearing Date Done ____/____/____ Results < 4 years: gross hearing _____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred OAE _____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred ≥ 4 yrs: pure tone audiometry _____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred Vision Date Done ____/____/____ Results < 3 years: Vision appears _____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl Acuity (required for new entrants and children age 3-7 years) _____ Right _____/_____ Left _____/_____ <input type="checkbox"/> Unable to test Screened with Glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Strabismus? <input type="checkbox"/> Yes <input type="checkbox"/> No Dental Visible Tooth Decay <input type="checkbox"/> Yes <input type="checkbox"/> No Urgent need for dental referral (pain, swelling, infection) <input type="checkbox"/> Yes <input type="checkbox"/> No Dental Visit within the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>											
Child Receives EI/CPSE/CSE services <input type="checkbox"/> Yes <input type="checkbox"/> No															
CIR Number _____				Physician Confirmed History of Varicella Infection <input type="checkbox"/>				Report only positive immunity:							
IMMUNIZATIONS – DATES <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> DTP/DTaP/DT _____ Td _____ Polio _____ Hep B _____ Hib _____ PCV _____ Influenza _____ HPV _____ </div> <div style="width: 45%;"> Tdap _____ MMR _____ Varicella _____ Mening ACWY _____ Hep A _____ Rotavirus _____ Mening B _____ Other _____ </div> <div style="width: 10%;"> Hepatitis B _____ Measles _____ Mumps _____ Rubella _____ Varicella _____ Polio 1 _____ Polio 2 _____ Polio 3 _____ </div> </div>															
ASSESSMENT <input type="checkbox"/> Well Child (Z00.129) <input type="checkbox"/> Diagnoses/Problems (list) _____ ICD-10 Code _____ _____ _____				RECOMMENDATIONS <input type="checkbox"/> Full physical activity <input type="checkbox"/> Restrictions (specify) _____ Follow-up Needed <input type="checkbox"/> No <input type="checkbox"/> Yes, for _____ Appt. date: ____/____/____ Referral(s): <input type="checkbox"/> None <input type="checkbox"/> Early Intervention <input type="checkbox"/> IEP <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____											
Health Care Practitioner Signature							Date Form Completed ____/____/____			DOHMH PRACTITIONER I.D. _____ TYPE OF EXAM: <input type="checkbox"/> NAE Current <input type="checkbox"/> NAE Prior Year(s) Comments: _____ Date Reviewed: ____/____/____ I.D. NUMBER _____ REVIEWER: _____ FORM ID# _____					
Health Care Practitioner Name and Degree (print)							Practitioner License No. and State								
Facility Name							National Provider Identifier (NPI)								
Address			City			State			Zip						
Telephone			Fax			Email									

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached Date of last seizure:
Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

Risk Factors for Diabetes or Pre-Diabetes: Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.

BMI _____ kg/m²

Percentile (Weight Status Category): ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and >

Hyperlipidemia: ☐ No ☐ Yes ☐ Not Done **Hypertension:** ☐ No ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
Laboratory Testing	Positive	Negative	Date	List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Lead Level Required Grades Pre- K & K		Date		
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 $\mu\text{g/dL}$				
<input type="checkbox"/> System Review and Abnormal Findings Listed Below				
<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal
<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:			Diagnoses/Problems (list) ICD-10 Code*	
<input type="checkbox"/> Additional Information Attached			*Required only for students with an IEP receiving Medicaid	

Name:				DOB:	
Vision & Hearing SCREENINGS - Required for PreK or K, 1, 3, 5, 7, & 11					
Vision (w/correction if prescribed)	Right	Left	Referral	Not Done	
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
Near Vision Acuity	20/	20/		<input type="checkbox"/>	
Color Perception Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail				<input type="checkbox"/>	
Notes					
Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.					Not Done
Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
Notes					
Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7		Negative	Positive	Referral	Not Done
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK					
<input type="checkbox"/> Student may participate in all activities without restrictions. <input type="checkbox"/> Student is restricted from participation in: <div style="margin-left: 20px;"> <input type="checkbox"/> Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling. <input type="checkbox"/> Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball. <input type="checkbox"/> Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field. <input type="checkbox"/> Other Restrictions: </div>					
Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level. Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V Age of First Menses (if applicable) : _____					
<input type="checkbox"/> Other Accommodations*: (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.					
MEDICATIONS					
<input type="checkbox"/> Order Form for Medication(s) Needed at School Attached					
IMMUNIZATIONS					
<input type="checkbox"/> Record Attached			<input type="checkbox"/> Reported in NYSIS		
HEALTH CARE PROVIDER					
Medical Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
Please Return This Form To Your Child's School When Completed.					